

RECEIVED

UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF TENNESSEE

☐ Eastern (Jackson) DIVISION  
☐ Western (Memphis) DIVISION

Deborah Lytle

Plaintiff,

vs.

Methodist Healthcare

Defendant.

No. \_\_\_\_\_

COMPLAINT

1. This action is brought for discrimination in employment pursuant to (check only those that apply):

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Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (amended in 1972, 1978 and by the Civil Rights Act of 1991, Pub. L. No. 102-166) (race, color, gender, religion, national origin).

**NOTE:** In order to bring a suit in federal district court under Title VII, you must first obtain a right to sue letter from the Equal Employment Opportunity Commission.

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Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 – 634 (amended in 1984, 1990, and by the Age Discrimination in Employment Amendments of 1986, Pub. L. No. 92-592, the Civil Rights Act of 1991, Pub. L. No. 102 -166)

**NOTE:** In order to bring a suit in federal district court under the Age Discrimination in Employment Act, you must first file charges with the Equal Employment Opportunity Commission.

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Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 – 12117 (amended by the ADA Amendments Acts of 2008, Pub. L. No. 110-325 and the Civil Rights Act of 1991, Pub. L. No. 1102-166).

**NOTE:** In order to bring a suit in federal district court under the Americans with Disabilities Act, you must first obtain a right to sue letter from the Equal Employment Opportunity Commission.

**JURISDICTION**

2. Jurisdiction is specifically conferred upon this United States District Court by the aforementioned statutes, as well as 28 U.S.C. §§ 1331, 1343. Jurisdiction may also be appropriate under 42 U.S.C. §§ 1981, 1983 and 1985(3), as amended by the Civil Rights Act of 1991, Pub. L. No. 102-166, and any related claims under Tennessee law.

**PARTIES**

3. Plaintiff resides at:

3811 Fountain Gate  
STREET ADDRESS  
Shelby, TN., 38109, (901) 650-3072  
County State Zip Code Telephone Number

4. Defendant(s) resides at, or its business is located at:

6077 Primary Parkway Suite 400  
STREET ADDRESS  
Shelby, Memphis, TN., 38119  
County City State Zip Code

NOTE: If more than one defendant, you must list the names, address of each additional defendant.

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5. The address at which I sought employment or was employed by the defendant(s) is:

6077 Primary Parkway Memphis TN 38119

## STREET ADDRESS

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 County City State Zip Code

6. The discriminatory conduct of which I complain in this action includes (*check only those that apply*)

- ☐ Failure to hire
- ☐ Termination of my employment
- ☐ Failure to promote
- ☒ Failure to accommodate my disability
- ☐ Unequal terms and conditions of my employment
- ☒ Retaliation
- ☐ Other acts(*specify*): \_\_\_\_\_

**NOTE:** Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court.

7. It is my best recollection that the alleged discriminatory acts occurred on:

July 2015  
 Date(s)

8. I believe that the defendant(s) (*check one*):

- ☐ is still committing these acts against me.
- ☒ is not still committing these acts against me.

9. Defendant(s) discriminated against me based on my:  
 (*check only those that apply and state the basis for the discrimination. For example, if religious discrimination is alleged, state your religion. If racial discrimination is alleged, state your race, etc.*)

- ☐ Race \_\_\_\_\_
- ☐ Color \_\_\_\_\_
- ☐ Gender/Sex \_\_\_\_\_
- ☐ Religion \_\_\_\_\_
- ☐ National Origin \_\_\_\_\_
- ☒ Disability \_\_\_\_\_
- ☐ Age. If age is checked, answer the following:  
I was born in \_\_\_\_\_. At the time(s) defendant(s) discriminated  
against me.

I was [ ] more [ ] less than 40 years old. (check one)

**NOTE:** Only those grounds raised in the charge filed the Equal Employment Opportunity Commission can be considered by the federal district court.

10. The facts of my case are as follows:

I continued being hoarse and my manager  
Deborah Alexander sent me home and stated  
that I could not return until I was seen  
by a physician. I was seen twice by a physician  
which stated I had a sinus infection and could  
return to work. Still I was not able to return  
to work for 3 days. Soon after since I  
could not talk she use to make me make phone calls,  
(Attach additional sheets as necessary)

**NOTE:** As additional support for your claim, you may attach to this complaint a copy of the

*charge filed with the Equal Employment Opportunity Commission or the Tennessee Human Rights Commission.*

11. It is my best recollection that I filed a charge with the Tennessee Human Rights Commission regarding defendant's alleged discriminatory conduct on: \_\_\_\_\_
12. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission regarding defendant's alleged discriminatory conduct on: 7-2015  
Date

**Only litigants alleging age discrimination must answer Question #13.**

13. Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding defendant's alleged discriminatory conduct. (*check one*):

- ☐ 60 days or more have elapsed
- ☐ Less than 60 days have elapsed.

14. The Equal Employment Opportunity Commission (*check one*):

- ☐ has not issued a Right to Sue Letter.
- ☒ has issued a Right to Sue letter, which I received on 10-25-14  
Date

**NOTE:** *This is the date you received the Right to Sue letter, not the date the Equal Employment Opportunity Commission issued the Right to Sue letter.*

15. Attach a copy of the Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.

**NOTE:** *You must attach a copy of the right to sue letter from the Equal Employment Opportunity Commission.*

16. I would like to have my case tried by a jury:

- ☒ Yes
- ☐ No

**WHEREFORE**, plaintiff prays that the Court grant the following relief:

- ☐ direct that the Defendant employ Plaintiff, or
- ☒ direct that Defendant re-employ Plaintiff, or
- ☐ direct that Defendant promote Plaintiff, or
- ☐ order other equitable or injunctive relief as follows: \_\_\_\_\_
- \_\_\_\_\_
- ☐ direct that Defendant pay Plaintiff back pay in the amount of \_\_\_\_\_ and interest on back pay;
- ☒ direct that Defendant pay Plaintiff compensatory damages: Specify the amount and basis for compensatory damages: \_\_\_\_\_
- \_\_\_\_\_

  
SIGNATURE OF PLAINTIFF

Date: 12-1-16

3811 Fountain Gate  
Address

Memphis TN 38109

(901) 450-3072  
Phone Number